

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <b>CAD053858296</b>	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address <b>Continental Heat Treating 10643 Norwalk Blvd., Santa Fe Springs, CA 90670</b>				A. State Manifest Document Number <b>84281562</b>	
4. Generator's Phone ( )				B. State Generator's ID	
5. Transporter 1 Company Name <b>Atto Kleen Co.</b>		6. US EPA ID Number <b>CAD095631719</b>		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone	
9. Designated Facility Name and Site Address <b>Atto Kleen Co 7869 Paramount Blvd. Pico Rivera, CA 90660</b>		10. US EPA ID Number <b>CAD095631719</b>		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone <b>213 723-5111</b>	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Mt/Vol	1. Waste No.
a. <b>WASTE EA-PERCHLORETHYLENE-ORM-A</b>		<b>8</b>	<b>DM</b>	<b>440</b>	<b>G 211</b>
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information  <b>RECEIVED MAR 10 1985</b>					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name		Signature		Date Month Day Year <b>5</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name <b>Richard Linton</b>		Signature <i>Richard Linton</i>		Month Day Year <b>03/14/85</b>	
18. Transporter 2 Acknowledgement or Receipt of Materials				Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Date Month Day Year <b>12/15/85</b>	

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